2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90103 026 ***150.00

DOCUMENT # P03000120752

1. Entity Name
KIMBERLY A. CAMPBELL, P.A.

Principal Place of Business
1540 SANTA CLAR DR
DUNEDIN, FL 34698 US

Mailing Address
1540 SANTA CLAR DR
DUNEDIN, FL 34698 US

2. Principal Place of Business - No P.O. Box #
3096 JODI LANE
Suite, Apt. #, etc.

3. Mailing Address
3096 JODI LANE
Suite, Apt. #, etc.

City & State: PALM HARBOR, FL
Zip: 34684 Country:

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Zip: 34684 Country:

03192008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-0341518 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CAMPBELL, KIMBERLY A
1540 SANTA CLARA DR
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 3096 JODI LANE
City: PALM HARBOR FL Zip Code: 34684

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Kim Campbell 4-7-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P ☐ Delete
NAME	CAMPBELL, KIMBERLY A
STREET ADDRESS	154- SANTA CLARA DR6
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	3096 JODI LANE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kim Campbell 4-8-08 727.733.7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #